

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044866

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367

Primary Registration District No. 3049

Registrar's No. 237

STATE FILE NUMBER

FILED DEC 6 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Hayti Missouri

Length of stay in 1b

4 Months

c. FULL NAME OF (if NOT in hospital, give location)

Hayti Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Pemiscot

admission)

c. CITY

OR

TOWN

Caruthersville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

507 Walker Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Letitia

Middle

Last

Simpson

4. DATE

Month

Nov.

Day

23,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-16-1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Teacher Retired

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Pemiscot County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Tom Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Tom Simpson Caruthersville, M

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture of Rt. hip 4-30-63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-12-63 to 11-25-63 and last saw her alive on 11-25-63

Death occurred at 4:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. W. Cook

(Degree or title)

M.D.

22b. ADDRESS

Caruthersville, Mo.

22c. DATE SIGNED

11-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-25-1963

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie Cem.

23d. LOCATION (City, town, or county)

Caruthersville, Missouri

(State)

24. FUNERAL DIRECTOR

LaForge Undertkg. Co.

ADDRESS

Caruthersville

25. DATE RECD. BY LOCAL REG.

11-30-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

LaForge Undertkg. Co. Caruthersville 11-30-63

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by James Noel Dean, Student Embalmer No. 706
 working under my personal supervision.

Student James Noel Dean
 Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 3941
 P. O. Address Canthursville
TN.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.